

05701
MEMFORM

MEMORANDUM OF INSURANCE

ISSUE DATE (MM/DD/YY)

12/27/05

PRODUCER

MARSH Affinity Grp. Svcs.
a srvc. of SEABURY & SMITH
1440 RENAISSANCE DRIVE
PARK RIDGE, IL 60068
1-800-503-9230

THIS MEMORANDUM IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS
NO RIGHT UPON THE MEMORANDUM HOLDER. THIS MEMORANDUM DOES NOT
AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANY AFFORDING COVERAGE

COMPANY
LETTER **A** CHICAGO INSURANCE COMPANY

725403

INSURED

INGRID MCBRIDE
7353 E SAYAN ST
MESA, AZ 85207

REFLECTS COVERAGE IN EFFECT ON ABOVE "ISSUE DATE"

THIS IS TO CERTIFY THAT THE CERTIFICATE LISTED BELOW HAS BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED,
NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS MEMORANDUM MAY
BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE CERTIFICATE DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND
CONDITIONS OF SUCH CERTIFICATE. THE LIMITS SHOWN BELOW MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO
LTR

TYPE OF INSURANCE	CERTIFICATE NUMBER	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS
GENERAL LIABILITY				
A X X OCCR.	AHL-2868853	11/09/2005	11/09/2006	GENERAL AGGREGATE \$ 3,000, PRODUCTS-COMP/OPS AGGREGATE \$ N/A PERSONAL & ADVERTISING INJURY \$ INCL EACH OCCURANCE \$ 1,000, FIRE DAMAGE (ANY ONE FIRE) \$ INCL MEDICAL EXPENSE (ANY ONE PERSON) \$ N/A
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY \$ (Per Person) BODILY INJURY \$ (Per accident) PROPERTY DAMAGE \$
NON-OWNED AUTOS				ACTUAL LIMITS BELOW
A PROFESSIONAL LIABILITY AUDIOLOGIST	AHL-2868853	11/09/2005	11/09/2006	1,000,000/INCIDENT 3,000,000 AGGREGATE

DESCRIPTION OF OPERATIONS/LOCATIONS/COVERED PERSONS/SPECIAL ITEMS MEMORANDUM HOLDER IS NAMED AS AN ADDITIONAL
INSURED, BUT ONLY AS RESPECTS TO CLAIMS ARISING OUT OF THE SOLE NEGLIGENCE OF
THE PERSONS INSURED UNDER THE PROVISIONS OF THIS POLICY.

MEMORANDUM HOLDER

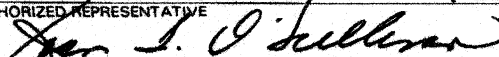
AHCCCS CONTRACTS & PURCHASING
701 E JEFFERSON ST MD 5700
PHOENIX, AZ 85034
SCC060004-AZ MED MGMT CONSLT

MAIL

SHOULD THE ABOVE DESCRIBED CERTIFICATE BE CANCELLED BEFORE THE
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO
MAIL 45 DAYS WRITTEN NOTICE TO THE MEMORANDUM HOLDER NAMED TO
THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION
OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR
REPRESENTATIVES.

JOAN E. O'SULLIVAN
AUTHORIZED REPRESENTATIVE

12/27/05



CHANGE ENDORSEMENT

ASHA-P
725403

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUDIO-LOGIC CONSULTANTS, LLC
7353 E SAYAN ST
MESA, AZ 85207

MARSH Affinity Group Services
a service of SEABURY & SMITH
1440 RENAISSANCE DRIVE
PARK RIDGE, IL 60068
1-800-503-9230

Item 1 of the Declarations is deleted in its entirety and replaced by:

Named Insured: AUDIO-LOGIC CONSULTANTS, LLC

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

The premium for this endorsement is included in the premium shown on the declarations unless a specific amount is show here.		Additional Premium	\$	N/A
		Return Premium	\$	N/A
ENDORSEMENT NO.: 01		Effective: 11/21/2005		
Is attached to and forms part of your evidence of insurance no.: AHL-2868853				
Issued by: CHICAGO INSURANCE COMPANY				
Executive Offices: 55 E. Monroe St Chicago, Illinois 60603				
Insured: AUDIO-LOGIC CONSULTANTS, LLC				
Date Issued: 12/29/05 / JAD		Authorized Representative: JOAN F. O'SULLIVAN		

MME-8001 (11/91) (Ed. *04/97)
MME-8301 (prnt)

ADDITIONAL INSURED ENDORSEMENT
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INGRID MCBRIDE
7353 E SAYAN ST
MESA, AZ 85207

In consideration of the premium charged, the "Designated Entity" or "Designated Entities" shown below shall be included as additional insured(s), but only as respects claims arising out of the sole negligence of the individual or entity specified in the Persons Insured section of the policy.

Additional Definition:

"Designated Entity" or "Designated Entities" as used in this endorsement shall mean:

AHCCCS/CONTRACTS & PURCHASING

701 E JEFFERSON ST MD 5700
PHOENIX, AZ 85034

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

The premium for this endorsement is included in the premium shown on the declarations unless a specific amount is shown here: \$

Additional Premium

ENDORSEMENT NO.: 01

Effective: 11/9/05

Is attached to and forms part of your evidence of insurance number: AHL-2868853

Issued by: Chicago Insurance Company
Executive Offices: 55 E. Monroe Street
Chicago, Illinois 60603

Insured: INGRID MCBRIDE (725403)

Date Issued: 12/23/05 abl

Authorized Representative: COUNTERSIGNATURE NOT REQUIRED

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

STATE OF ARIZONA

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

Taxpayer Identification Number (TIN) **20-0971260** TIN Type ☒ Employer Identification Number (EIN) ☐ Social Security Number (SSN) ☐ State of Arizona HRIS EIN
State of Arizona Employees ONLY

Legal Name
Must match TIN above

Audio-Logic Consultants, LLC.

Entity Type Selection one of the following

- ☐ Corporation (NOT providing health care, medical or legal services) (5A)
☐ Corporation (providing health care, medical or legal services) (5M)
☐ Partnership, LLP (5T)
☒ P.U.C., LLC (5C)
☐ Individual/Sole Proprietor (5I)
☐ The US or any of its political subdivisions or instrumentalities (2G)
☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
☐ Tax-exempt organization under IRC §501 (5O)
☐ An international organization or any of its agencies or instrumentalities (5U)
☐ State of Arizona employee (1E)
☐ Other, Tax-reportable entity (5P)

Minority Business Indicator Selection one of the following

- ☐ Small Business (01)
☐ Small Business- African American (23)
☐ Small Business- Asian (24)
☐ Small Business- Hispanic (25)
☐ Small Business- Native American (27)
☐ Small Business- Other Minority (05)
☒ Small, Woman Owned Business (06)
☐ Small, Woman Owned Business- African American (29)
☐ Small, Woman Owned Business- Asian (30)
☐ Small, Woman Owned Business- Hispanic (31)
☐ Small, Woman Owned Business- Native American (33)
☐ Small, Woman Owned Business- Other Minority (17)
☐ Woman Owned Business (02)
☐ Woman Owned Business- African American (17)
☐ Woman Owned Business- Asian (18)
☐ Woman Owned Business- Hispanic (19)
☐ Woman Owned Business- Native American (21)
☐ Woman Owned Business- Other Minority (08)
☐ Minority Owned Business- African American (04)
☐ Minority Owned Business- Asian (32)
☐ Minority Owned Business- Hispanic (74)
☐ Minority Owned Business- Native American (15)
☐ Minority Owned Business- Other Minority (02)
☐ Non-Profit, IRC §501(c) (88)
☐ Non-Small, Non-Minority or Non-Woman Owned Business (03)

Main Address

Where tax information and general correspondence is to be mailed

DBA/Branch/Location

Audio-Logic Consultants, LLC

Address

7353 E. Sagan St.

Address continued

City **Mesa** State **AZ** Zip code **85207**

Alternate Address

☒ Same as Main

DBA/Branch/Location

Address

Address continued

City State Zip code

Contact Information

Name **Ingrid McBride**Phone # **602 578-9541** EXTFax **480 218-4362**email **Audio-Logic@att.net**

Certification

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
 3. I am not a person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature **Ingrid McBride**Title **owner**Date **5/22/06**

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY Agency Authorization Phone # Date

STATE OF ARIZONA GAO USE ONLY

VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching ☐ Corporation Commission ☐ HRIS ☐ Other ☐ Other

JANET NAPOLITANO
GOVERNOR



WILLIAM BELL
DIRECTOR

**ARIZONA DEPARTMENT OF ADMINISTRATION
RISK MANAGEMENT SECTION**

100 North 15th Avenue, Suite #301
Phoenix, Arizona 85007
Telephone: (602) 542 2182; Facsimile: (602) 542 1800
On-line: 'azrisk.state.az.us'

SOLE PROPRIETOR WAIVER

NOTE: THIS FORM APPLIES ONLY TO STATE OF ARIZONA AGENCIES, BOARDS, COMMISSIONS, UNIVERSITIES UTILIZING SOLE PROPRIETORS WITH NO EMPLOYEES, IF YOU ARE CONTRACTING WITH A CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP OR SOLE PROPRIETORS WITH EMPLOYEES, THIS FORM DOES NOT APPLY.

The following is a written waiver under the compulsory Workers' Compensation laws of the State of Arizona, A.R.S. 23-901 (et. seq.), and specifically, A.R.S. 23-961(O), that provides that a Sole Proprietor may waive his/her rights to Workers' Compensation coverage and benefits.

I am a sole proprietor and I am doing business as Audio-Logic Consultants (name of Sole Proprietors Business). I am performing work as an independent contractor for the State of Arizona, AHCCCS/Contract # SCC 060004, for workers' compensation purposes, and therefore, I am not entitled to workers' compensation benefits from the State of Arizona, AHCCCS/Contract # SCC 060004.

I understand that if I have any employees working for me, I must maintain workers' compensation insurance on them.

Name of Sole Proprietor: Ingrid McBride
Social Security Number: 527 - 15 - 10170
Telephone Number: (602) 578-9541
Street Address / P.O.Box: 7353 E. Sagan St.
City: Mesa State: Az Zip Code 85207
Signature of Sole Proprietor: Ingrid McBride Date: 5/22/06

State Agency: AHCCCS Agency # 230
Signature of Agency _____ Date: _____
Contract Administrator: _____

Both signatures must be signed and the completed form submitted to the State of Arizona, Department of Administration, Risk Management Section, Insurance Unit, 100 North 15th Avenue, Suite 301, Phoenix, Arizona 85007. An authorized Risk Management Representative will sign your completed form and return it to the agency to be maintained in their records.

Signature of Risk Management Authorized Signer _____

Date _____